

Adult Mental Health Services

Special Points of Interest:

In FY '94, the Department's budget contained \$37 million for community services, and \$54 million for the two state psychiatric hospitals.

In FY '02, the budget of over a \$120 million for community services and \$40 million for the state hospitals reflects a dramatic shift in the focus of care to community-based services and an overall expansion of services.

Number of BDS adult mental health Staff:

- AMHI: 299
- BMHI: 327
- Central and Regional Offices: 105

Number of BDS consumers served (FY'01) by BDS and over 90 contracted community providers:

- Community Support/Case Management: 8,125 (unduplicated)
- Crisis/Emergency Contact (including telephone): 37,999
- Housing/Supported Housing/Residential longer term beds: 482
- Rehabilitation/Vocational: 171
- Outpatient/Medication Management: 14,423
- Geriatric: 989
- Housing/Supported Housing/Residential Long Term Beds: 478
- Outpatient/Medication Management: 10,457

Quality Systems of Care Support Good Mental Health

The Department of Behavioral and Developmental Services (BDS) has primary responsibility for developing and maintaining a system of adult community mental health services and supports, including psychiatric in-patient services for persons age 18 and older who have serious mental illness and significant difficulty functioning in the community.

The goal is to ensure that the full array of mental health, rehabilitation, residential and other support services are present in Maine communities in order to promote integration of care and quality of life for adults with long-term mental illness.

The BDS Adult Mental Health Services Program team performs its functions through the coordinated efforts of the BDS central office, three regional offices, and institutional capacity via the two state hospitals. From a program and policy perspective, the Adult Mental Health Services Program in the Department's central office and the Adult Mental Health Team Leaders in each of the three regional offices take the leadership role in defining the comprehensive system of service and supports for adults with serious mental illness. This is in conjunction with the leadership at the two state-operated in-patient facilities, Augusta Mental Health Institute (AMHI) and Bangor Mental Health Institute (BMHI).

BDS is committed to ensuring access to a comprehensive system of

care for consumers of adult mental health services and to designing, delivering, and coordinating those services to assure consumer choice and direction.

Operationally, services are delivered through performance-based contracts with local community-based providers managed by three BDS regional offices. Contracted services include: community support/case management, Assertive Community Treatment (ACT) Teams, in-home supports; crisis services, including telephone support, and mobile assessment, crisis in-home supports and stabilization services; housing/rental assistance programs, supported living and residential treatment programs; outpatient treatment services (medication management and counseling); in-patient hospital care; vocational and peer support services.

In addition, the Adult Mental Health Services Program also provides direct client services through Intensive Case Management (ICM) services in each of the regions. These services are provided to those individuals who have experienced difficulty connecting with other community services, are in jails and prisons or on probation, are homeless, or who been hospitalized for extended periods of time.



State of Maine
Department of Behavioral
and Developmental Services

Lynn F. Duby, Commissioner

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BDS is working to ensure that a seamless system of care exists for individuals served by the different service areas within our own department. Efforts are underway for enhancing skills of mental health staff working with clients with a history of substance abuse or diagnosed with developmental disabilities, and with children transitioning into the adult mental health system.

BDS actively engages mental health service providers, hospitals, families, police, correctional facilities, and other key stakeholders to develop solutions that address mental health needs in communities across Maine. A Hospital Initiatives Group was established in September, 2000, to bring together crisis providers and community hospitals, as well as State hospitals, in order to improve and enhance the work of mental health system.

In Region III the first system-wide planning effort to address mental health issues was convened by BDS with the formation of the Adult Mental Health Task Force. This group has examined the service delivery system in northern Maine and developed specific recommendations to improve housing, crisis services, mental health worker recruitment and retention, linkages with the criminal justice system, and use of technology, such as telehealth, to link consumers in rural Maine with needed services.

Examples of other initiatives include:

- Several collaborative initiatives between BDS and the Department of Corrections (DOC), Maine County jails, and police

departments are all aimed at improving coordination and provision of care for incarcerated individuals with mental illness, and/or assisting the criminal justice system in working with people with mental illness. Examples of these activities include the development of memorandums of understanding with county jails and DOC, development of a jail/mental health services pilot project, and the ongoing police/mental health worker ride-along program in place in several Maine cities.

- A recently approved bond initiative targeted for housing will provide for the development of this resource for mental health consumers. Specialized supported living services are also being developed for mental health consumers with long histories of hospitalization.
- A statewide crisis system is available for all citizens of Maine. One toll-free number (1-888-568-1112) allows the caller to be routed to the crisis service provider closest to the caller. Crisis services provide phone support, face-to-face assessment (often at the individual's home), and crisis stabilization services at a specialized residence.
- ACT teams are enhancing services to better meet the specialized needs of the individuals they serve. This includes such things as teams using a focused cognitive-behavioral approach in their work and incorporating

acupuncture services for the treatment of substance abuse. ACT Teams are composed of interdisciplinary staff members who work together to provide all aspects of care for consumers who historically are underserved by traditional services. Team members meet with these consumers in their own environments and remain involved with them over time in order to sustain engagement.

- A trauma services implementation team is focusing attention on enhancing trauma awareness and integrating trauma services as part of all service delivery systems. BDS recently held its 4th annual conference entitled "Connecting Trauma, Substance Abuse and Mental Health." Sponsorship by BDS, brought together contracted agency providers, private practitioners, and its own staff to provide clinical training and an opportunity for dialogue on how to better accomplish our mutual goals.
- BDS has received a one-year federal grant to design and build consensus for a treatment system that is welcoming to people with co-occurring disorders of mental illness and addictions. This grant contributes to the Department's commitment to developing and providing integrated services throughout the system it supports.

For more information about BDS visit:
www.state.me.us/bds/